

**EMPLOYEE REPORT OF INMATE SEXUAL MISCONDUCT****Section A (Completed by Supervisor only)**

CDC NUMBER	INMATE NAME	INSTITUTION
THE ABOVE NOTED INMATE IS CHARGED WITH VIOLATING THE INDICATED SECTION OF CCR TITLE 15, SECTION 3007 (Check One):		
<input type="checkbox"/> INDECENT EXPOSURE	<input type="checkbox"/> SEXUAL DISORDERLY CONDUCT	
DATE OF OFFENSE ____ / ____ / ____ INCIDENT LOG # _____.		

**Section B (Completed by Employee/Supervisor)** ☐ Check here and sign form if you decline to complete report.

Where was the inmate when the offense was committed? CELL / YARD / OTHER: _____
Has the same inmate engaged in sexual misconduct towards you in the past? YES NO
Were you aware the inmate was a sexual misconduct offender? YES NO
If response is "YES", how was the inmate identified? MEMO / YELLOW CELL FRONT COVERING / OTHER: _____
If response is "NO" supervisor must comment below. _____
Have sexual misconduct Security Precautions been discussed with you? YES NO
If response is "NO" supervisor must comment below. _____
Please indicate any procedural changes you might recommend to manage incidents like this one. _____ _____ _____
Are you aware that the EAP/EPTP provides support services to you? YES NO
What do you want done for you concerning this incident? (i.e. training, EEO referral, etc.)? _____ _____

**Section C (Completed by Supervisor only)**

Was departmental policy concerning inmate sexual misconduct followed? YES NO
If response is "NO" what actions have been taken to correct this situation? _____
Was departmental policy regarding inmates sexual misconduct discussed with reporting employee? YES NO
Mental Health Referral (CDCR Form 128-B) completed by: _____ on: ____ / ____ / ____ <div style="text-align: center;"><small>Reporting Employee Name</small> <small>Date</small></div>

REPORTING EMPLOYEE NAME	SIGNATURE	TITLE	DATE
EMPLOYEE SUPERVISOR NAME	SIGNATURE	TITLE	DATE

Original: Employee  
Copies: EEO Coordinator  
Facility Captain  
IERC

**NO INMATE ACCESS**